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I hereby revoke all previous powers of attorney given in the above-identifie	d application.
A Power of Attorney is submitted herewith.	
OR I hereby appoint the practitioners associated with the Customer Number:	
Please change the correspondence address for the above-identified applica The address associated with Customer Number: OR	tion to:
Richard J. Feldmann	
Address 17800 Mill Creek Dr.	
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Telephone 301-926-0921 Email	
Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	
SIGNATURE of Applicant or Assignee of Recor	d
Name Richard J. Feldmann	
A Total Tota	-926-0921
NOTE: Signatures of all the inventors or assigness of record of the entire interest or their representative(s) are required in required, see below.	
Total offorms are submitted.	

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